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# INSIDE I-SMILE<sup>™</sup> 2011

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# Inside I-Smile<sup>™</sup> 2011

Annual Report on Iowa's Dental Home Initiative for Children Iowa Department of Public Health - Bureau of Oral and Health Delivery Systems







The I-Smile™ initiative was created to ensure that Medicaid-enrolled children in lowa have a dental home.

The I-Smile™ dental home is a network of individualized care based on risk assessment and includes education; dental screenings; and preventive, diagnostic, treatment, and emergency services. Children may receive services from dentists, dental hygienists, physicians, and nurses in a variety of settings. This multi-faceted approach offers a greater likelihood that at-risk children receive regular care.

In December 2006, the Iowa Department of Public Health began funding Title V child health contractors to implement I-Smile™ throughout the state. At the heart of I-Smile<sup>™</sup> are 24 dental hygienists working as local I-Smile<sup>™</sup> coordinators within the Title V agencies.



CURRENT MAP OF I-SMILE™ COORDINATOR REGIONS



The coordinators are responsible for building infrastructure within their service areas by:

- developing local partnerships with dental and medical providers, schools, businesses, and community organizations;
- linking with local boards of health and participating in community health planning;
- providing oral health education and training for health care providers, families, and other stakeholders;
- ensuring care coordination to assist families with referrals to dentists; and
- ensuring that gap-filling preventive services are provided for low-income, at-risk children.

#### I-SMILE'S SUCCESSEUL IMPACT

THROUGH I-SMILE™, THERE HAS BEEN A STEADY IMPROVEMENT EACH YEAR IN THE NUMBER OF LOW-INCOME IOWA CHILDREN WHO RECEIVE DENTAL CARE.

- More than one and a half times as many Medicaid-enrolled children ages 0-12 saw a dentist for care in 2011 than in 2005 (Table 1).
- 62 percent of Medicaid-enrolled children ages 6-12 received dental care from a dentist in 2011 (Table 1).
- More than three times as many Medicaidenrolled children ages 0-12 received care in a public health setting from a Title V contractor in 2011 than in 2005 (Table 2).

PREVENTIVE DENTAL SERVICES - PROFESSIONAL CLEANINGS, TOPICAL FLUORIDE, AND SEALANT APPLICATIONS - ARE PARTICULARLY IMPORTANT TO REDUCE OVERALL DISEASE AND IN TURN, CURRENT AND FUTURE TREATMENT COSTS.

CHILDREN ARE ALSO RECEIVING MORE PREVENTIVE DENTAL CARE SINCE I-SMILE™ BEGAN.

- Nearly twice as many Medicaid-enrolled children ages 0-12 received preventive dental care from dentists in 2011 than in 2005 (96,402 compared to 51,411).
- Four times as many Medicaid-enrolled children ages 0-12 received preventive dental care from Title V contractors in 2011 than in 2005 (24,596 compared to 6,019).

Table 1: Number of Medicaid-enrolled children ages 0-12 receiving a dental service from dentists											
	Ages 0-2		AGES 3-5		AGES 6-9		Ages 10-12		AGES 0-12		
	BASELINE	CURRENT	BASELINE	CURRENT	BASELINE	CURRENT	BASELINE	CURRENT	BASELINE	CURRENT	
	2005	2011	2005	2011	2005	2011	2005	2011	2005	2011	
Number of Children receiving A service	4,901	11,454	21,832	33,539	26,994	39,445	17,466	25,388	71,193	109,826	
TOTAL ENROLLED*	48,573	66,994	40,396	57,682	43,981	62,916	30,726	41,287	163,676	228,879	
PERCENT INCREASE FROM 2005 TO 2011: CHILDREN RECEIVING SERVICES FROM DENTISTS	<b>↑</b> 134%		<b>↑</b> 54%		<b>↑</b> 46%		<b>↑</b> 45%		<b>↑</b> 54%		

<sup>\*</sup>Although Medicaid enrollment has increased between 2005 and 2011, it has not grown at the same rate as the increase in children receiving services. Enrollment increases were 38%, 43%, 43%, and 34% per age group respectively.

Table 2: Number of Medicaid-enrolled children ages 0-12 receiving a dental service from Title $\sf V$ contractors											
	AGES 0-2		AGES 3-5		Ages 6-9		Ages 10-12		Ages 0-12		
	BASELINE	CURRENT	BASELINE	CURRENT	BASELINE	CURRENT	BASELINE	CURRENT	BASELINE	CURRENT	
	2005	2011	2005	2011	2005	2011	2005	2011	2005	2011	
Number of Children receiving A service	3,104	10,599	3,246	11,903	1,010	2,695	503	838	7,863	26,035	
TOTAL ENROLLED*	48,573	66,994	40,396	57,682	43,981	62,916	30,726	41,287	163,676	228,879	
PERCENT INCREASE FROM 2005 TO 2011: CHILDREN RECEIVING SERVICES FROM TITLE V CONTRACTORS	<b>†</b> 241%		<b>↑</b> 267%		<b>↑</b> 167%		<b>†</b> 67%		<b>↑</b> 231%		

<sup>\*</sup>Although Medicaid enrollment has increased between 2005 and 2011, it has not grown at the same rate as the increase in children receiving services. Enrollment increases were 38%, 43%, 43%, and 34% per age group respectively.

## CHALLENGES FOR I-SMILE™

Even with the successes of I-Smile™, there are still areas within the state's dental delivery system that can be improved upon. First, there are still too many children age 3 and younger who do not receive dental services (Figure 1). Although there are more children in this age group receiving care since I-Smile™ began, the overall percentage is low.

Once teeth first erupt, at around 6 months of age, there is the risk for cavities to develop. Extensive decay for very young children is possible and results in the need for the restorative treatment provided under anethesia in a hospital – further increasing costs.

Title V agencies use dental hygienists and nurses to provide screenings and fluoride varnish applications for very young children at WIC clinics, Head Start and Early Head Start centers, and other locations such as child care centers. Education about preventing cavities and seeking regular dental care is also provided to parents, guardians, and pregnant women.

In order to provide dental homes for as many children as possible once teeth begin to erupt, these gap-filling services must continue. In addition, IDPH will pursue new strategies that will increase the willingness of dentists to see very young children.

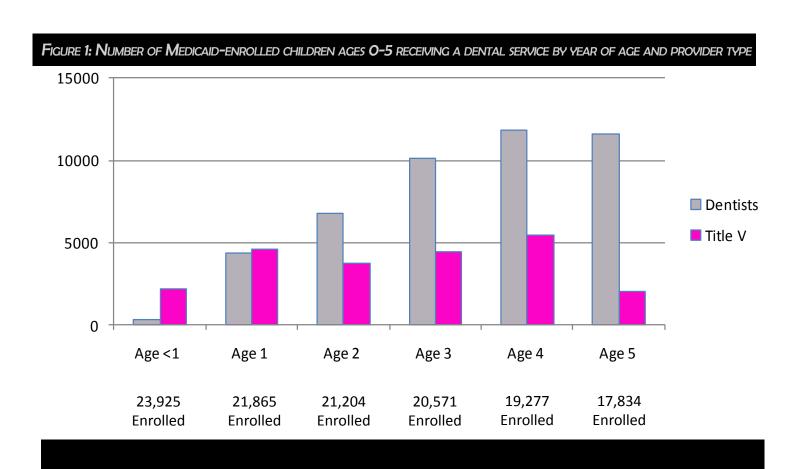


"EXTENSIVE DECAY FOR VERY YOUNG CHILDREN IS POSSIBLE AND RESULTS IN THE NEED FOR THE RESTORATIVE TREATMENT PROVIDED UNDER ANESTHESIA IN A HOSPITAL - FURTHER INCREASING COSTS."



Secondly, although the number of children seen by dentists continues to rise, there were only eight additional dentists that billed Medicaid for services than in 2010. And, 27 medical practitioners billed Medicaid for fluoride varnish applications provided to 458 children in 2011 – a decrease from the previous year.

Low Medicaid reimbursement is often cited by health care providers as the main reason they do not provide more care for Medicaid-enrolled children. In response, IDPH will continue working with the Department of Human Services to consider how to address this issue in an effort to increase the number of dental and medical providers participating in I-Smile™.



### SUMMARY

The I-Smile<sup>™</sup> dental home initiative has made a significant impact in the ability of low-income lowa children to receive dental care. To sustain the successful work already accomplished:

- I-Smile<sup>™</sup> coordinators will continue to promote children's oral health to ensure that parents and caregivers are aware of its importance; will maintain and grow their referral networks; and will continue to work with their colleagues to provide care coordination for families so that they are able to schedule dental appointments and receive needed care.
- The lowa Department of Public Health will support continuation of gap-filling services within public health and Title V agencies from dental hygienists and nurses for children age 5 and younger, as well as for older children through school-based preventive care.
- IDPH will maintain existing partnerships with organizations such as Early Childhood Iowa and the Iowa Head Start Association to ensure Iowa children are healthy and successful beginning at birth.
- IDPH will share information with stakeholders such as the Medical Home/Prevention & Chronic Care Management Council, Maternal and Child Health Advisory Council, and the Rural Health & Primary Care Advisory Council, to incorporate I-Smile™ successes within changing health systems in the state.
- IDPH and I-Smile<sup>™</sup> coordinators will renew efforts to promote "health homes" and collaborate with medical providers and their professional organizations to include oral health as part of well-child care.
- IDPH will continue to explore funding and collaborative opportunities with private organizations such as Des Moines University, Wellmark, and Delta Dental of Iowa Foundation to ensure a shared vision that oral health is a priority and I-Smile™ can play a role in Iowa becoming the healthiest state.



"THE I-SMILE™ DENTAL HOME INITIATIVE HAS MADE A SIGNIFICANT IMPACT IN THE ABILITY OF LOW-INCOME CHILDREN TO RECEIVE DENTAL CARE,"



## I-SMILETM STORIES

FROM I-SMILE™ COORDINATORS AROUND IOWA

"(The I-Smile" coordinator) called and got Khloe an appointment with an office that doesn't normally accept Medicaid referrals."



## **S**TORY **#1**

Nine-year-old Khloe doesn't smile for pictures. In fact, she doesn't even like having her picture taken because she is so self-conscious of her teeth.

Khloe's face is very narrow, and her first dentist told her mom many years ago that her jaw would not be able to hold all of her teeth. Her permanent teeth are now coming in, and they are really crowded and overlap. At her last check up, the dentist told Khloe's mom that she needed to make an appointment with an orthodontist because she needs braces.

Khloe's mom scoured the phone book but could not get an appointment with an orthodontist because none of the offices accepted Medicaid. She found information about I-Smile™ and emailed Christy, their regional I-Smile™ coordinator. Christy called dental providers in their area and got Khloe an appointment with an office that doesn't normally accept Medicaid referrals. They were willing to make an exception and see Khloe because of their relationship with Christy and the I-Smile™ program. When Khloe went for her appointment, she and her mom were so grateful that everybody was really nice and helpful.

She will have many more appointments in the future and is looking forward to a time when she will finally like to smile for pictures. Khloe and her mom are really glad they had I-Smile<sup> $\mathsf{T}$ </sup> to help them.



\*ALL NAMES HAVE BEEN CHANGED.

## **S**TORY **#2**:

This is a story about a young boy who nearly fell through the cracks. A note from his school was sent home with 5-year-old Carter to notify his parents that he had a broken tooth that was abscessed. Although Carter qualified for **hawk-i**, his parents were separated and were still working out the details of his medical and dental coverage. Without insurance, he could only be seen by a dentist for an emergency exam and was referred to a pediatric dentist an hour and a half away for follow-up treatment. Due to the distance and work schedules, the family was unable to schedule an appointment.

After a few months with still no treatment,
Carter was seen by a public health nurse for an
immunization appointment. She conducted a dental
screening and saw the his abscessed tooth. The
nurse contacted the I-Smile™ coordinator, and an
appointment with a dental office only 15 miles away
was scheduled for the next day. Carter was finally
able to get treatment for his abscessed tooth. While
his mom had to pay for the visit out-of-pocket, she
was thrilled that he was able to be seen in an office
much closer to home. Shortly afterward, the parents
reconciled, and the I-Smile™ coordinator helped the
family re-apply for hawk-i.

In the end, the I-Smile<sup>™</sup> coordinator's relationshipbuilding with the local school district, public health agency, and area dentists helped a family in need. And, Carter's mom is now a wonderful I-Smile<sup>™</sup> and oral health advocate for others in the community.



"THE I-SMILE™ COORDINATOR HELPED THE FAMILY RE-APPLY FOR **hawk-i**."



### **S**TORY **#3**:

The idea was that since we, the MCH nurses, were already in the home, we could also do dental screenings when conducting home visits. We sat politely through the training and listened to the I-Smile™ coordinator explain how to perform a simple dental screen. But, I know I couldn't be the only one thinking, "She has all these years of dental education and experience. How am I going to learn what I need to know in an afternoon? Besides, when will this ever come up?"

"...THE MOTHER COULD ALSO SEE THE DECAY, AND TEARS ROLLED DOWN HER CHEEKS. SHE COULD SEE THE DAMAGE CAUSED BY IGNORING THE PROBLEM."

Well, it did come up a few months later. A dietitian from WIC saw a 3-year-old child on Medicaid that was underweight and refusing to eat. She peeked in his mouth and saw tooth decay. The mother was concerned but didn't know what to do. The dietitian called a dental office, and they gave him an appointment - for the next month. Thinking that was too long to wait, the dietitian referred him to our agency.

I arrived at their home with a penlight and mouth mirror. "I am not a dentist," I told the mother, but she was grateful that I was there anyway. The child was quiet and cooperative as I looked into his mouth, and I was horrified to see that over half of his 20 teeth were

decayed. Some of his teeth were just tiny nubs of brown at the gums. I called the I-Smile™ coordinator, and she helped arrange an appointment for the next day with a pediatric dental clinic. The clinic not only agreed to accept Medicaid for payment but also agreed to see a child this young. Our agency provided transportation assistance to get him there. Within a week, he had surgery to repair his teeth, and within a few days, he was exuberant – eating, gaining weight and showing off his cartwheels.

Our encounters with families are always important but are usually less dramatic. We educate parents, show them how to brush, and link them to dentists and the I-Smile™ program. However this summer, I was, again, reminded of how easily a child's dental problems and pain can be pushed aside by parents and professionals that don't know where to turn.

I visited a woman pregnant with her third child, and she wanted me to address her concerns for her 11-year-old daughter first. This child was in pain. She had begun dental treatment for cavities three years ago, but when the mother lost her job, she couldn't keep paying the dental office and stopped taking her daughter to her appointments. The mother was now working again, but her employer didn't offer dental insurance. Plus, because of the missed appointments and payments, the dental office would no longer see her daughter. She had tried to take her daughter to the emergency room for her pain, but they simply told her to go to a dentist.

I reminded the mother that I wasn't a dentist, but I could look in the girl's mouth for a screening. I positioned the mirror so that the mother could also see the decay, and tears rolled down her cheeks. She could see the damage caused by ignoring the problem. The I-Smile™ coordinator and I were able to find funding to help children without insurance. The coordinator called the dental office, who then agreed to set aside the past bill and see the child again. The dental office was also flexible with the mom's schedule and was willing to take an early morning appointment. Within a few weeks, the girl was done with her treatment and free from pain. On my next home visit the family, the mother had also already completed a dental appointment for her four-year-old son.

So, although we, MCH nurses, are not dentists or hygienists, that one afternoon of training provided by the I-Smile™ coordinator helps the families we already serve. We can provide screenings, begin prevention, identify children who need care, and help families get the care that children need.

### **S**TORY **#4**:

Lisa, the I-Smile™ coordinator, was screening students at a local elementary school when she met Mia, a 7-year-old girl who had multiple areas of decay in both her baby and permanent teeth. Since Mia didn't have dental insurance for treatment, her mom filled out the paperwork for Mia to be part of Give Kids a Smile Day — a day when local dentists provide free care for children who need it.

After GKAS Day, Mia had several follow-up appointments to finish her dental work. On her last visit, an x-ray found an abscessed baby tooth, which would need to be extracted by an oral surgeon and would be costly without insurance. Lisa contacted Mia's mom and found out she was eligible for Medicaid but had not returned all of the required paperwork to the DHS office. Lisa explained Medicaid presumptive eligibility and mailed an application to the mom.

Lisa followed up with Mia's mom the next week and discovered that Mia had been taken to the hospital over the weekend with a sore in her nose that had begun to swell and bleed. During their first visit, the doctor had checked her ears, nose, and throat and only sent her home with antibiotics. However, the next day her swelling and bleeding was much worse, so Mia and her mom returned to the hospital. A CT found an abscess in her nasal cavity that was causing the swelling. Mia was taken by ambulance to a hospital in lowa City where she was on intravenous antibiotics for four days.

Lisa was able to complete the presumptive eligibility process, which allowed the family to be covered by Medicaid. They found a dentist who accepted Medicaid, and her abscessed tooth was extracted successfully. Now, Mia's siblings are also covered by Medicaid, and her mom makes sure that they all get regular medical and dental care. Mia's mom is very thankful for all the assistance I-Smile™ has provided her family and understands how important prevention is.



"Now, Mia's siblings are also covered by Medicaid, and her mom makes sure that they all get regular medical and dental care."



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